

Town of Marion Enterprise Zone Program

Application for water and sewer hook-up fees rebate and credits on water and sewer bills

Name of Company/Business (*applicant*) _____

As part of the Enterprise Zone Program, the County and Town rebates 100% of standard commercial water and sewer hook-up fees for qualified businesses, and a decreasing credit on monthly water and sewer bills based on new jobs.

Complete Legal name of building owner _____
Address of building owner _____
Street address of building _____
Phone: _____

Amount of standard commercial Water and Sewer Connection Fee Paid \$ _____
Amount of Water and Sewer Service Fees Paid During Grant Year* \$ _____

**Grant year is calendar year that company is applying for the credit*

I have attached the following documents that are required in order to process this application:

- Receipts documenting payment of standard commercial water and sewer hook-up fees
- Receipts documenting payment of monthly water and sewer services

Employment Documentation

Please provide the full-time employment level on January 1 of the base year _____

Please provide the full-time employment level on December 31 of the base year _____

Please provide the full-time employment level on December 31 of the grant year _____

_____ new jobs were created and maintained for at least a 12-month period.

"Base Year" is the calendar year immediately preceding the grant year.

A full time employee means a person employed by a business who is normally scheduled to work either:

- 1. a minimum of thirty-five hours per week for the entire base calendar year, consisting of at least forty-eight weeks*
- 2. a minimum of thirty-five hours per week for a portion of the calendar year in which the employee was initially hired for, or transferred to the business*

Season, temporary, leased or contract labor employees or employees shifted from an existing location in Virginia to a business location within the enterprise zone do not qualify as full-time employees. The employee must report to work at the business within the enterprise zone.

I HEREBY CERTIFY THAT, TO THE BEST OF MY KNOWLEDGE, ALL INFORMATION PRESENTED ABOVE IS CORRECT. I will make available for review by the Town Manager all of the records relevant to information required by this form.

Signature of Authorized Representative

____/____/____
Date

Please return this form to: John Clark, Town Manager, Post Office Box 1005, Marion, VA 24354, Phone 276-783-4112 (x 221)
